

City of Scottsbluff, Nebraska

Monday, February 6, 2023

Regular Meeting

Item Consent4

Council to acknowledge receipt of and take no action on a liability claim from Sherri Everton, 1806 Avenue G, Scottsbluff, NE. The claim will be withdrawn and forwarded to the City's insurance carrier.

Staff Contact: Kim Wright, City Clerk

City of Scottsbluff
CITIZEN INCIDENT REPORT

All tort claims under the Political Subdivisions Tort Claims Act and [sections 16-727, 16-728, 23-175, 39-809, and 79-610](#) shall be filed with the clerk, secretary, or other official whose duty it is to maintain the official records of the political subdivision, or the governing body of a political subdivision may provide that such claims may be filed with the duly constituted law department of such subdivision. It shall be the duty of the official with whom the claim is filed to present the claim to the governing body. All such claims shall be in writing and shall set forth the time and place of the occurrence giving rise to the claim and such other facts pertinent to the claim as are known to the claimant.

Date: ~~Jan 18 2023~~ Jan 30 2023

Date and location of Incident: Jan 28 2023 22nd Ave G

Claimant Name: Sherni Evertson

Phone: (308) 562-8010

Address: 1806 ave G

City: SCOTTSBUFF

State and Zip: NE 69361

City Department Contact: _____

Narrative of what happened: was traveling down 22nd
towards ave G & 22nd I hit (a dip) (pothole)
so hard I hit my head and
missed it messing my cervical area
& broke vertebrae

Estimated amount of damages \$ _____ (attach estimates)

Attachments: Photos: _____

Estimates: _____

Medical Bills: _____

Witnesses: _____

Contact Information: _____

Citizen insurance information: Farmer's Insurance

Reported by (city staff): _____

Received Date: Jan 30 2023

Signature of Claimant(s): Sherni Evertson

SUBMIT TO: KIM WRIGHT, CITY CLERK, CITY OF SCOTTSBUFF
2525 CIRCLE DRIVE, SCOTTSBUFF, NE 69361

Mike's Car Care
925 W 36th
Scottsbluff NE

NAME <u>Sherry Everson</u>	PHONE
ADDRESS	
CITY, STATE, ZIP	
2ND AUTHORIZED NAME	PHONE

MATERIAL: ALL PARTS NEW UNLESS SPECIFIED: U-USED, R-REBUILT, RC-RECONDITIONED

QTY.	PART NO.	NAME OF PART	PRICE	WARRANTY Y/N
1		used abs mit	19500	
1		cat. converter	16000	
1		ex gaskets	2500	
1		brake fluid	1000	
<p>ESTIMATE Not diagnosed by P.S. Based on information provided</p>				
TOTAL PARTS			168000	
MECHANICS RECOMMENDATIONS				
Estimated cost \$ Estimate Charge Basis for Charge				

RECEIVED (DATE & TIME) A.M. P.M.		CUSTOMER'S ORDER NO.	PROMISED (DATE & TIME) A.M. P.M.
YEAR • MAKE • MODEL <u>2004 Monte Carlo ss</u>		SERIAL #/VIN	MOTOR # <u>38</u>
LICENSE NO.		ODOMETER	WRITTEN BY
<input type="checkbox"/> LUBE	<input type="checkbox"/> OIL CHANGE	<input type="checkbox"/> FLUSH TRANS.	<input type="checkbox"/> FLUSH DIFF.
<input type="checkbox"/> WASH	<input type="checkbox"/> POLISH		
CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL *			
Replace abs mit			16000
Replace catalytic converter			6000
METHOD OF PAYMENT:		Daily Storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification.	
<input type="checkbox"/> CHECK	<input type="checkbox"/> CHARGE		
<input type="checkbox"/> CASH			
LABOR		LABOR ONLY <u>22000</u>	
<input type="checkbox"/> FLAT RATE	<input type="checkbox"/> HOURLY	PARTS <u>69000</u>	
<input type="checkbox"/> BOTH		ACCESSORIES	
<input type="checkbox"/> RETAIN PARTS		GAS, OIL & GREASE	
<input type="checkbox"/> DESTROY PARTS		MISC. MERCHANDISE	
AUTHORIZED BY		SUBLET REPAIRS	
		STORAGE FEE	
		TAX <u>4830</u>	
		TOTAL <u>95830</u>	

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in MD)

___ I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.

___ I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

___ I DO NOT REQUEST A WRITTEN ESTIMATE.

*Checked lines apply (Preparer must check at least one):

___ This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.

___ This amount includes a charge of \$_____, which is required under _____ law.

You are entitled by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following: _____ I do not desire the return of any of the parts that are replaced during the authorized repairs.

Estimate good for 30 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repairs, along with any necessary materials. I authorize you and your employees to operate my vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto. If I cancel repairs prior to their completion for any reason, a tear-down and reassembly fee of \$_____ will be applied.

SIGNED _____

DATE 1-30-23

adams
GT3570
09-11